

**Tigerton School District**

HEALTH COVERAGE - Contract Year 9/1/2022-8/31/2023

Carrier	United Healthcare 20-21	United Healthcare 22-23
<b>Plan/Provider Network</b>	Choice Plus	Choice Plus
<b>Deductible</b>	<i>Includes EBS Gap Insurance</i>	<i>Includes EBS Gap Insurance</i>
In Network Single/Family	\$2000/\$4000	\$2000/\$4000
Out of Network Single/Family	NA	NA
<b>Coinsurance</b>	<i>EBS Gap pays Coins after ded met</i>	<i>EBS Gap pays Coins after ded met</i>
In Network	80%	50%
Out of Network	NA	NA
<b>Out-of-Pocket Max</b>		
In Network Single/Family	\$2000/\$4000	\$3000/\$6000
Out of Network Single/Family	NA	NA
<b>Office Visits</b>		
Primary Care	\$25/\$50 PCP; \$50/\$100 Spec	\$0 PCP/\$100 Spec
Out of Network	NA	NA
<b>Prescription Drugs</b>		
Generic/Brand/Non-Formulary	\$10/\$40/\$85/\$250 Advantage RX	\$10/\$40/\$85/\$250 Advantage Rx
<b>Emergency Room</b>		
In Network	\$350 Copay	\$250 Copay
Out of Network	\$350 Copay	\$250 Copay
<b>Rates (monthly)</b>		
Single	\$856.79	\$887.47
Employee + Child(ren)	\$1,806.13	\$1,871.39
Employee + Spouse	\$1,817.86	\$1,883.12
Family	\$1,864.78	\$1,930.04

**HRA Reimbursement**

First \$1000/\$2000 per in-network deductible = Employee responsibility

Next \$1000/\$2000 per in-network deductible = Reimbursed by District HRA

Last \$1000/\$2000 per in-network deductible = Paid by EBS Gap Insurance